

SERFF Tracking Number: NELI-127333421 State: Arkansas
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49365
 Company Tracking Number: PALIC UNLIMITED
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002 Dread Disease
 Limited Benefit
 Product Name: Unlimited cancer
 Project Name/Number: /

Filing at a Glance

Company: Philadelphia American Life Insurance Company
 Product Name: Unlimited cancer SERFF Tr Num: NELI-127333421 State: Arkansas
 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed- State Tr Num: 49365
 - Limited Benefit Disapproved
 Sub-TOI: H07I.002 Dread Disease Co Tr Num: PALIC UNLIMITED State Status: Disapproved-Closed
 Filing Type: Rate Reviewer(s): Rosalind Minor
 Author: Jerry Mao Disposition Date: 07/29/2011
 Date Submitted: 07/21/2011 Disposition Status: Disapproved
 Implementation Date Requested: 10/01/2011 Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: 15% Filing Status Changed: 07/29/2011
 State Status Changed: 07/29/2011
 Deemer Date: Created By: Jerry Mao
 Submitted By: Jerry Mao Corresponding Filing Tracking Number:
 Filing Description:

The purpose of this filing is to request a rate revision on the company's individual Unlimited and High Limit cancer and specified disease policy forms. The rate revision request on the base plans only is based upon the information given in the actuarial memorandum.

Company and Contact

Filing Contact Information

Jerry Mao, jmao@neweralife.com
 P.O. Box 4884 281-368-7378 [Phone]
 Houston, TX 77210-4884

SERFF Tracking Number: NELI-127333421 State: Arkansas
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49365
Company Tracking Number: PALIC UNLIMITED
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: Unlimited cancer
Project Name/Number: /

Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas
200 Westlake Park #1200 Group Code: 520 Company Type:
Houston, TX 77079 Group Name: State ID Number:
(281) 368-7200 ext. [Phone] FEIN Number: 74-1952955

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$50.00	07/21/2011	49984313

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Company Tracking Number: PALIC UNLIMITED
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: Unlimited cancer
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	07/29/2011	07/29/2011

SERFF Tracking Number:	NELI-127333421	State:	Arkansas
Filing Company:	Philadelphia American Life Insurance Company	State Tracking Number:	49365
Company Tracking Number:	PALIC UNLIMITED		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	Unlimited cancer		
Project Name/Number:	/		

Disposition

Disposition Date: 07/29/2011

Implementation Date:

Status: Disapproved

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy, the fact that there has been continuous rate increases over the past 10 years or longer, and the impact that another increase will have at this time. we are DISAPPROVING your request for a rate increase.

We appreciate your understanding and cooperation in this matter.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	15.000%	15.000%	\$6,550	14	\$43,667	%	%

SERFF Tracking Number: NELI-127333421 State: Arkansas

Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49365

Company Tracking Number: PALIC UNLIMITED

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit

Product Name: Unlimited cancer

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate	rate schedule	Disapproved	Yes

SERFF Tracking Number:	NELI-127333421	State:	Arkansas
Filing Company:	Philadelphia American Life Insurance Company	State Tracking Number:	49365
Company Tracking Number:	PALIC UNLIMITED		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	Unlimited cancer		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

16.000%

Effective Date of Last Rate Revision:

05/01/2010

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	15.000%	15.000%	\$6,550	14	\$43,667	%	%

SERFF Tracking Number: NELI-127333421 State: Arkansas

Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49365

Company Tracking Number: PALIC UNLIMITED

TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002 Dread Disease
Limited Benefit

Product Name: Unlimited cancer

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Disapprove rate schedule d 07/29/2011		526, 527, 528, 565, C01, C02, C09	Revised	Previous State Filing Number: Percent Rate Change Request:	44187 15.000 AR Unlimited Value & C09 Rate Sheets 2011.pdf

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TEXAS 77079

ANNUAL RATES FOR POLICY FORM 526 AR
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	10,608.22	18,910.30

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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ANNUAL RATES FOR POLICY FORM 526 AR
CANCER & SPECIFIED DISEASE POLICY
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMRCE)

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	8,302.08	14,759.26

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TEXAS 77079

ANNUAL RATES FOR POLICY FORM 526 AR
CANCER & SPECIFIED DISEASE POLICY
ASSOCIATION SALES

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	10,608.22	18,910.30
45-54	14,759.26	25,367.47
55-59	17,757.23	30,902.20
60-64	20,063.37	35,053.24

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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POLICY FORM 526 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,916.97	3,417.16

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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POLICY FORM 526 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,500.19	2,667.07

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

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HOUSTON, TEXAS 77079

POLICY FORM 526 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES
ASSOCIATION SALES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	1,916.97	3,417.16
45-54	2,667.07	4,583.97
55-59	3,208.81	5,584.12
60-64	3,625.52	6,334.22

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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ANNUAL RATES FOR POLICY FORM 527 AR
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	12,453.12	21,908.27

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
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ANNUAL RATES FOR POLICY FORM 527 AR
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMRCE)

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	9,685.76	17,065.39

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

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POLICY FORM 527 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	2,250.28	3,958.90

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

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POLICY FORM 527 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,750.25	3,083.78

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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ANNUAL RATES FOR POLICY FORM 528 AR
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	14,298.03	24,906.25

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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ANNUAL RATES FOR POLICY FORM 528 AR
CANCER & SPECIFIED DISEASE POLICY
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMRCE)

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	11,161.69	19,371.53

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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ANNUAL RATES FOR POLICY FORM 528 AR
CANCER & SPECIFIED DISEASE POLICY
ASSOCIATION SALES

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	14,298.03	24,906.25
45-54	19,371.53	34,592.01
55-59	23,983.79	42,432.87
60-64	27,443.00	48,659.43

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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HOUSTON, TEXAS 77079

POLICY FORM 528 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	2,583.67	4,500.64

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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HOUSTON, TEXAS 77079

POLICY FORM 528 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	2,017.01	3,500.49

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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HOUSTON, TEXAS 77079

POLICY FORM 528 WITH RIDER FORM 8159 REV.
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES
ASSOCIATION SALES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	2,583.67	4,500.64
45-54	3,500.49	6,250.89
55-59	4,333.91	7,667.75
60-64	4,959.05	8,792.93

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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HOUSTON, TEXAS 77079

ANNUAL RATES FOR POLICY FORM 565
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	9,579.33	16,852.52
45-54	13,127.22	23,061.34
55-59	15,965.54	28,028.40
60-64	18,271.68	32,108.48
65-69	20,696.07	36,839.01
70-75	23,416.13	42,042.60

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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HOUSTON, TEXAS 77079

POLICY FORM 565 WITH RIDER 8159 REV.
CANCER AND SPECIFIED DISEASE POLICY
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	1,731.04	3,045.30
45-54	2,372.16	4,167.26
55-59	2,885.03	5,064.81
60-64	3,301.74	5,802.08
65-69	3,739.85	6,656.90
70-75	4,231.39	7,597.25

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
 11720 KATY FREEWAY, SUITE 1700
 HOUSTON, TEXAS 77079

POLICY FORM C01
 CANCER & SPECIFIED DISEASE POLICY
 ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT			\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
ISSUE AGE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
44 & UNDER	7,992.41	14,171.01	9,017.79	16,116.66	10,043.18	18,061.87
45-54	10,148.30	17,877.90	11,515.78	20,428.45	12,882.81	22,978.56
55-59	13,355.87	23,793.70	15,327.80	27,474.31	17,299.73	31,154.93
60-64	15,880.13	28,342.02	18,325.12	32,890.33	20,770.10	37,438.65
65-69	18,982.13	34,020.84	22,032.01	39,673.39	25,081.89	45,325.94
70-75	22,742.03	40,803.90	26,422.65	47,586.96	30,076.98	54,423.01

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TEXAS 77079

POLICY FORM C01
CANCER & SPECIFIED DISEASE POLICY
PAYROLL ANNUAL PREMIUMS

	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
ISSUE AGE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
ALL AGES	7,992.41	14,171.01	9,017.79	16,116.66	10,043.18	18,061.87

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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POLICY FORM C01 WITH RIDER 8159
CANCER & SPECIFIED DISEASE POLICY
ANNUAL PREMIUMS

	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
ISSUE AGE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
44 & UNDER	1,203.52	2,133.98	1,357.94	2,426.98	1,512.36	2,719.84
45-54	1,528.19	2,692.13	1,734.12	3,076.23	1,939.99	3,460.26
55-59	2,011.22	3,583.01	2,308.18	4,137.28	2,605.07	4,691.48
60-64	2,391.36	4,267.88	2,759.48	4,952.83	3,127.68	5,637.77
65-69	2,858.42	5,123.07	3,317.71	5,974.23	3,777.00	6,825.46
70-75	3,424.64	6,144.48	3,978.91	7,165.95	4,529.15	8,195.35

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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HOUSTON, TEXAS 77079

POLICY FORM C01 WITH RIDER 8159
CANCER & SPECIFIED DISEASE POLICY
PAYROLL ANNUAL PREMIUMS

ISSUE AGE ALL AGES	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
	1,203.52	2,133.98	1,357.94	2,426.98	1,512.36	2,719.84

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TEXAS 77079

POLICY FORM C02
CANCER & SPECIFIED DISEASE POLICY
PAYROLL ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
ALL AGES	6,701.59	11,043.16	8,499.19

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
7,721.28	12,304.64	9,970.91

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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POLICY FORM C02 WITH RIDER 8159
CANCER & SPECIFIED DISEASE POLICY
PAYROLL ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
ALL AGES	1009.17	1,662.96	1,279.89

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
1,162.70	1,852.92	1,501.51

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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POLICY FORM C09
 CANCER & SPECIFIED DISEASE POLICY
 ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,377.83	4,201.32	2,932.17
40-54	3,019.70	5,299.79	3,711.16
55-59	3,973.75	7,054.71	4,911.75
60-64	4,725.02	8,402.64	5,845.38
65-69	5,646.98	10,125.47	7,015.33
70-75	6,765.87	12,097.75	8,392.43

\$ 250 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,611.24	4,638.96	3,136.40
40-54	3,334.80	5,880.39	3,989.79
55-59	4,439.10	7,908.11	5,339.18
60-64	5,305.62	9,467.55	6,386.59
65-69	6,379.29	11,419.42	7,692.21
70-75	7,651.36	13,696.59	9,225.39

\$ 350 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,911.75	5,207.88	3,501.10
40-54	3,734.51	6,625.83	4,472.65
55-59	5,015.32	8,983.24	6,035.02
60-64	6,021.89	10,795.05	7,248.73
65-69	7,272.07	13,069.31	8,764.42
70-75	8,720.65	15,692.22	10,516.42

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
11720 KATY FREEWAY, SUITE 1700
HOUSTON, TEXAS 77079

POLICY FORM C09
CANCER & SPECIFIED DISEASE POLICY
PAYROLL ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
ALL AGES	2,377.83	4,201.32	2,932.17

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
2,611.24	4,638.96	3,136.40

\$ 350 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
2,911.75	5,207.88	3,501.10

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

SERFF Tracking Number: NELI-127333421 State: Arkansas
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49365
 Company Tracking Number: PALIC UNLIMITED
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: Unlimited cancer
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Health - Actuarial Justification Comments: Attachment: 2011 AR actuarial memo.pdf	Disapproved	Date: 07/29/2011